

Pandemic Influenza Preparedness Phase II Situation Report

Incident Name: Pandemic Influenza Preparedness Phase II

Operational period: 0830/18 SEP 06 – 0830/25 SEP 06

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1. World

- a. World Health Organization (WHO) Pandemic Phase- Phase 3- human infection with new (current concern is the Asian H5N1) virus; virus does not spread efficiently and is not sustained among humans.

Inter-pandemic Phase New virus in animals, no human cases	Low risk of human cases	1
	Higher risk of human cases	2
Pandemic Alert New virus causes human cases	No or very limited human-to-human transmission	3
	Evidence of increased human-to-human transmission	4
Pandemic	Evidence of significant human-to-human transmission	5
	Efficient and sustained human-to-human transmission	6

- b. As of September 19, 2006, WHO is reporting a total of 247 human cases (An increase of 3 since last report.) of Asian H5N1 infection, including 144 deaths (An increase of 1 since last report) in 10 countries since January 2004. **The table includes only laboratory confirmed cases; once a WHO laboratory confirms cases, they are added to the table below.**

Country	2004		2005		2006		TOTAL*	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Azerbaijan	0	0	0	0	8	5	8	5
Cambodia	0	0	4	4	2	2	6	6
China	0	0	8	5	12	8	21**	14**
Djibouti					1	0	1	0
Egypt	0	0	0	0	14	6	14	6
Indonesia	0	0	19	12	46	37	65	49
Iraq	0	0	0	0	3	2	3	2
Thailand	17	12	5	2	2	2	24	16
Turkey	0	0	0	0	12	4	12	4
Vietnam	29	20	61	19	0	0	93	42
Total	46	32	97	42	100	66	247	144

* Total includes cases in 2003 not described here.

** 1 case and 1 death confirmed 8-8-06 from 2003.

- c. The **Ministry of Health in Indonesia** has confirmed two additional cases of human infection with the H5N1 avian influenza virus. These cases occurred in March and May 2006. The first case occurred in a five-year-old male from East Bekasi, West Java Province. He developed symptoms on 4 March 2006, was admitted to hospital on 6 March, and died on 19 March. The second case is a 27-year-old male from Solok, West Sumatra Province. This case was identified during the tracing of contacts of the man's sister, [a 15-year-old female](#) who developed symptoms on 17 May 2006 and was subsequently confirmed to be H5N1 infected. Her brother spent six days caring for her during her hospital stay. The brother developed mild symptoms of cough and abdominal discomfort, with no fever, on 28 May 2006; his symptoms remained mild and he recovered within a few days.
- Despite his mild and atypical symptoms, the brother was tested as part of the Ministry of Health's protocol for contact tracing and the management of any contacts with symptoms. He was given a five-day course of oseltamivir beginning on 1 June and was placed in voluntary isolation pending recovery.
- Initial tests of samples collected from the 27-year-old male were negative for H5N1 infection. In August, follow-up testing of paired-serum samples found a fourfold rise in neutralization antibody titer for H5N1, a test result which meets the WHO criteria for laboratory confirmation.
- The 27-year-old male reported no contact with diseased or dead poultry in the days prior to symptom onset as he spent most of his time at the hospital. The investigation determined that he had exposure to his sister during her hospital stay, and that human-to-human transmission could not be ruled out as the source of his infection.

The **Ministry of Health in Iraq** has retrospectively confirmed the country's third case of human infection with the H5N1 avian influenza virus. The case, a 3-year-old boy, was hospitalized in Baghdad on 15 March 2006. His illness was mild and he fully recovered.

During its outbreak, which is now considered over, Iraq faced problems in the shipment of specimens for external verification of diagnostic tests. For the retrospectively confirmed case, initial test results were inconclusive, possibly as a result of sample deterioration during shipment. Repeated testing, using different methods, was needed for diagnostic confirmation.

- **WHO has concluded that the current level of pandemic alert is appropriate and does not need to change.** The level of pandemic alert remains at phase 3. This phase pertains to a situation in which occasional human infections with a novel influenza virus are occurring, but there is no evidence that the virus is spreading in an efficient and sustained manner from one person to another.

The WHO Pandemic Influenza Draft Protocol for Rapid Response and Containment has been updated and published May 30. It is available at:

http://www.who.int/csr/disease/avian_influenza/guidelines/protocolfinal30_05_06a.pdf

Bird cases:

Animal Cases: Summary of Current Situation Since December 2003, avian influenza A (Asian H5N1) infections in poultry or wild birds have been reported in the following countries:	
Africa Burkina Faso, Cameroon, Cote d'Ivoire, Nigeria, Niger, Sudan	Near East Egypt, Iraq, Iran, Israel, Jordan, Gaza and West Bank, Palestinian Autonomous Territories*
East Asia & the Pacific Cambodia, China, Hong Kong, Indonesia, Japan, Laos, Malaysia, Mongolia, Myanmar (Burma), Thailand, Vietnam	South Asia Afghanistan, India, Kazakhstan, Pakistan
Europe & Eurasia Albania, Austria, Azerbaijan, Bosnia & Herzegovina, Bulgaria, Croatia, Czech Republic, Denmark, France, Georgia, Germany, Greece, Hungary, Italy, Poland, Romania, Russia, Serbia & Montenegro, Slovak Republic, Slovenia, Sweden, Switzerland, Turkey, Ukraine, United Kingdom	Countries added this Operational Period Gaza and West Bank * Palestinian Autonomous Territories reported by World Organization for Animal Health, but not CDC.

d. **Sudan:** Dead backyard chickens tested positive for H5N1 in capital of Juba (70 mi N of Uganda border); tests are pending on dead ducks found in 2 additional backyards.

China: An undefined, undiagnosed disease characterized by high fever, sudden onset, rapid transmission, and high mortality rate (>40%) is spreading through pigs in China's South since July has reportedly killed over a million animals. Officials are investigating the possibility of a new strain of swine influenza.

2. United States:

There are no reported cases of high pathogenic avian or human Asian H5N1 influenza infection in the United States or its territories. The Centers for Disease Control and Prevention does not publish a Pandemic Phase level separate from the WHO report.

Mallard ducks in Maryland tested positive for **low-pathogenic H5N1** avian influenza, and initial tests pointed to the same findings in Pennsylvania mallards, federal officials said late last week. **Tests ruled out** the lethal form of H5N1 virus that has spread through birds in much of Asia and parts of Europe and Africa in the past 3 years.

The CDC 2005-06 seasonal influenza reports are complete for this year and will resume at the beginning of the 2006-07 season.

3. Alaska:

There are no reported cases of avian or human Asian H5N1 influenza infection in Alaska.

Seasonal Influenza:

For current information on surveillance and influenza activity in Alaska, go to the Section of Epidemiology Influenza Surveillance web site at:
<http://www.epi.hss.state.ak.us/id/influenza/influenza.jsp>

Surveillance activities- human-

There is now a consolidated website (www.avianflu.alaska.gov) that holds both bird and human influenza information. The Toll Free number is 1-888-9PANFLU (972-6358).

Surveillance activities- bird-

Planning and Coordination – USFWS, USGS, USDA, and ADFG are implementing Highly Pathogenic Avian Influenza (HPAI) H5N1 early detection plans at the national, Pacific Flyway, and state level. Those plans are found at:

- National: <http://www.nwhc.usgs.gov/publications/ai/>
- Pacific Flyway: <http://www.pacificflyway.gov/Documents.asp>
- Alaska: http://alaska.fws.gov/media/avian_influenza/index.htm

These plans describe priority bird species for surveillance; sampling methods, locations, and time periods; sampling and analytical protocols; and coordination guidelines.

Status of Alaska Bird Surveillance - Wildlife agencies are implementing surveillance efforts to obtain 15,000-20,000 samples from wild birds through: (1) Sampling spring subsistence harvest; (2) Sampling live birds; (3) Detection of disease events through the **Alaska Interagency Bird Disease hotline (1-866-527-3358)**; all public or agency observations of sick or dead wild birds should be directed to this line; and (4) Sampling hunter-harvested birds in September. Progress to date includes:

- To date, swab samples have been taken from over 17,000 wild birds in Alaska.
- Over 4,000 samples were obtained from the spring subsistence harvest.
- Approximately 15,000 wild bird samples have been tested; about 200 samples indicated positive for AI matrix, and 11 were positive for H5 subtype (low path), but **no H5N1 has been detected**.
- With the September 1 opening of waterfowl hunting, over 400 samples were obtained from hunter-shot birds in the first week of the season. Most hunters received brochures explaining the sampling program and recommendations for hygienic handling of game birds.
- Over 20 wild bird field projects continue the final phases of live bird captures and sampling of hunter-harvested birds in Alaska. Sampling has begun in all western states and will increase with the opening of most waterfowl seasons in early October.

Status of Wild Birds in Alaska – Shorebirds and early migrant waterfowl began leaving Alaska in mid-August. Waterfowl migration will increase through late September until freeze-up of most freshwater areas (except Southeast) by mid-October. Waterfowl hunting season opened September 1, and swab samples will be taken from hunter-harvested birds into October.

Public information about avian influenza in migratory birds, and advice to hunters the public is posted on the state website at: www.avianflu.alaska.gov. Status of the wild bird sampling effort is found at: http://alaska.fws.gov/media/avian_influenza/index.htm.

Next report to be issued: 1600/26 September 2006